

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000005069

FILED  
Mar 02, 2004  
Secretary of State

Entity Name: AMERICA'S TRAVEL COMPANIES, INC.

**Current Principal Place of Business:**

5204 SO. PROCYON AVE.  
LAS VEGAS, NV 89118

**New Principal Place of Business:**

**Current Mailing Address:**

5204 SO. PROCYON AVE.  
LAS VEGAS, NV 89118

**New Mailing Address:**

FEI Number: 88-0280067

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOURGEOIS, MARY  
601 E. BURGESS ROAD, STE. F-5  
PENSACOLA, FL 32504 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MAY, LEO J  
Address: 5204 S PROCYON AVE  
City-St-Zip: LAS VEGAS, NV 89118

Title: TSD ( ) Delete  
Name: THOMAS, CAROLINE  
Address: 5204 S. PROCYON AVE.  
City-St-Zip: LAS VEGAS, NV 89118

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEO J. MAY

PD

03/02/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date